

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE**

Plaintiff

v.

Civil Action No. _____

Defendant(s)

**MOTION/AFFIDAVIT TO PROCEED IN FORMA PAUPERIS
WITHOUT PREPAYMENT OF FEES**

I, _____, declare that I am the plaintiff/petitioner/movant in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to relief. In support of this application, I answer the following questions under penalty of perjury:

1. **Are you currently incarcerated?** ☐ Yes ☐ No **(If "No" go to Question 2)**

Name of Institution: _____

Are you employed at the institution? ☐ Yes ☐ No

If "Yes" - do you receive any payment from the institution? ☐ Yes ☐ No

If "Yes" - how much per month? \$ _____

You must attach a Certificate of Custodial Institution (USDCNH-14) completed by the institution of your incarceration. The institution will also supply a copy of your trust account statement for the preceding six months. Processing of your case will be delayed if this material is not attached.

2. **Are you currently employed? (Skip this question if incarcerated)** ☐ Yes ☐ No

a. If the answer is "Yes" - state the amount of your take-home salary or wages and pay period (i.e. per week, month, etc.) and give the name and address of your employer.

b. If the answer is "No" - state the date of your last employment, the amount of your take-home salary or wages and pay period (i.e. per week, month, etc.) and the name and address of your last employer.

3. **In the past twelve months, have you received any money from any of the following sources?**

- | | | |
|---|------------------------------|-----------------------------|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" - describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☐ No
If "Yes" - state the total amount \$ _____
(PLEASE DO NOT LIST FINANCIAL ACCOUNT NUMBERS)
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property, excluding ordinary household furnishings and clothing? ☐ Yes ☐ No
If "Yes" - describe the property and state its value.
6. Do you have any other assets? ☐ Yes ☐ No
If "Yes" - list each asset and state its value.
7. Do you have any outstanding debts? ☐ Yes ☐ No
If "Yes" - list them. (If incarcerated, be sure to include any debts owed to the institution where you are incarcerated as a result of disciplinary or other action.)
8. List your regular monthly household or other expenses:
9. List the persons who are dependent on you for support, state your relationship to each person, and indicate how much you contribute to their support. If you are listing minor children as dependents, please list only the initials of the minor child (not full name)

I declare under penalty of perjury that the above information is true and correct. I understand that a false or dishonest answer to a question in this affidavit may be punishable by fine or imprisonment or both.

DATE

SIGNATURE OF APPLICANT

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

FINANCIAL DECLARATION

CASE # AND NAME: _____

NAME: _____ **PHONE #:** _____

ADDRESS: _____ **MARRIED:** YES [] NO []

_____ **NUMBER OF DEPENDENTS:** _____

WARNING: The information you provide in order to obtain court-appointed representation is subject to the following limitations:

- (1) The attorney/client privilege may not apply;
- (2) The information is subject to being filed with the Court for future examination by the United States Attorney;
- (3) A false or dishonest answer could be punished as a crime; and
- (4) The form must be signed under penalty of perjury.

ASSETS

I. INCOME

EMPLOYER'S NAME: _____

MONTHLY WAGES: Gross _____ Net _____

WELFARE: _____ **SOCIAL SECURITY (Amount Rec'd):** _____

PENSION: _____ **OTHER:** _____

SPOUSE'S EMPLOYER: _____

MONTHLY WAGES: Gross _____ Net _____

WELFARE: _____ **SOCIAL SECURITY (Amount Rec'd):** _____

PENSION: _____ **OTHER:** _____

II. PROPERTY

REAL ESTATE	VALUE	MORTGAGE	NET
1. HOME	_____	_____	_____
2. OTHER	_____	_____	_____
3. OTHER	_____	_____	_____

VEHICLES	VALUE	OWED	NET
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

III. OTHER ASSETS

1. CASH ON HAND	_____	6. JEWELRY	_____
2. CHECKING ACCOUNT	_____	7. STOCKS	_____
3. SAVINGS ACCOUNT	_____	8. BONDS	_____
4. CREDIT UNION	_____	9. OTHER	_____
5. ACCOUNTS RECEIVABLE	_____		

(COMPLETE REVERSE SIDE)

LIABILITIES

I. REAL ESTATE

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

II. MOTOR VEHICLES

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

III. GENERAL DEBTS

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

IV. HOUSEHOLD EXPENSES

1. TELEPHONE	_____	8. GROCERIES	_____
2. UTILITIES	_____	9. MEDICAL/DENTAL	_____
3. CHILD SUPPORT	_____	10. SCHOOL	_____
4. ALIMONY	_____	11. CHURCH	_____
5. CLOTHES	_____	12. TAXES	_____
6. TRANSPORTATION	_____	13. RENT	_____
7. INSURANCE	_____	14. OTHER	_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

SIGNATURE

REQUEST APPROVED: ()

REQUEST DISAPPROVED: ()

Date: _____

United States Magistrate Judge
United States District Judge